

Conference on the lessons learned from the A(H1N1) 2009 Influenza Pandemic

Report of the Conference

Breakout session 1: Surveillance

In order to tackle new health threats, decision-makers have to take adequate measures based on scientifically based information. Therefore surveillance systems have to produce relevant data and analyses rapidly to inform the decisions. That was as true for the 2009 influenza pandemic as it will be for other health threats

Investing in Surveillance

Many data and analyses were rapidly available from existing surveillance networks for virology and in primary care. These networks demonstrated also their capacity to be adapted in order to respond to some specific needs. However, some vital data remained missing, notably that concerning the level of infection, severe diseases and the risk groups. Attempts to gather them by implementing new surveillance networks have not been proofed robust enough. Fortunately, many of these gaps were filled, in Europe, from analyses coming from abroad gathered by *Epidemic Intelligence*.

On the issue of investment in surveillance, the assembly agreed on several recommendations:

1. There is a need to sustain existing surveillance networks at national level including the coordinating national Institutes of Public Health.
2. Building more surveillance capacity as to gather, rapidly and routinely, the missing epidemiological data, apart from pandemics including :
 - a) The surveillance of severe diseases in hospitals – Severe Acute Respiratory Illness (SARI) – and mortality so as to identify risk and estimate severity

- b) The capacity (including laboratory capacity) to gather virological and serological data (e.g. seroepidemiology to evaluate transmission and levels of infection affecting subpopulations, ...)
3. To keep investing between pandemics as to decrease the level of uncertainty and to improve knowledge.

Use and availability of data

In time of crisis, surveillance systems should not be put under excessive burden of gathering and transmitting large amounts of data as to satisfy the perceived needs of the population. Surveillance systems should rather focus on the essential data and analyses (i.e. the agreed *Known Unknowns*) needed for expertise-based decisions.

In the field of the use and availability of data, several improvements were recommended by the assembly:

1. To harmonize at EU level the indicators for severity, case definition, diagnostic, as well as minimal data and set of analysis. The question of the *known unknowns* should also be harmonized.
2. To ensure a common European approach which should be included in national preparedness plan for rapid data and analysis sharing.
3. To review operational and notification tools.

Ability to assess and predict a threat

The ability to assess a health threat and to predict its severity has to be sustained as well as its reassessment to adjust measures.

On this issue, the public has pointed out several elements that could be improved:

1. There is a need to invest into the prediction of a threat by building, at the European level, common basis for modeling methods and planning assumptions

2. The methods of modeling should be used more extensively in the planning and preparation process in Europe.
3. To standardize approaches towards severity, whilst at the same time introducing flexibility in the plans as to be prepared for a range of pandemics.

Communication

The perception and communication of risks need to be undertaken through joint work between biomedical and social scientists as well as communicators in order to improve the comprehensibility of the measures taken. There is thus a need to associate biomedical, social scientists and communicators within the communication process in time of crisis and apart from it.

Breakout Session 2 – Multisectoral Aspects

Pandemics are known to affect, not only the health of individuals, but also to disturb the socio-economic life. A multisectoral approach is then necessary to minimize that impact. How did the H1N1 pandemic impact on the different sectors of the society?

Potential economic impact of the influenza pandemic A(H1N1)2009

1. In a pandemic, whatever its severity, some economic sectors are *de facto* more vulnerable than others. Among these sectors we can find transports and tourism. These sectors were indeed victims of a decrease of demand.
2. When it comes to the economic impact on the private sector, bigger companies are better prepared to face a pandemic than smaller ones, such as SMEs. Bigger companies, having greater financial and human resources, have usually drawn preemptively a business continuity plan. However, following the influenza A(H1N1)2009 pandemic, the awareness of companies towards the risk they should have to face has considerably increased. Thus, they are now better prepared, notably in terms of business continuity planning.
3. The 2009 pandemic has proofed being moderate and, as a consequence, the measures that were taken in order to cope with a more severe pandemic situation could not be efficiently tested.

4. Following the data from the World Bank, the cost of being prepared to a pandemic is much smaller than the cost of facing the pandemic itself.
5. The new International Health Regulation has worked as a useful tool to share information on detection and surveillance of public health events. The necessary development of core capacities, as described in the Annex 1, remains a challenge and need to be strengthened in all sectors.

Business continuity plan

1. In order to bring companies to settle a business continuity plan and to ease its elaboration, a “BCP for dummies” shall be encouraged. It is important to keep it simple, flexible and generic.
2. Following the experience of the influenza A(H1N1) 2009 pandemic, the collaboration between the social partners (employers – employees) shall be improved., public and private sectors must improve their collaboration as well. It is essential to have a close collaboration between the different actors as to keep a business continuity plan efficient and to ensure the necessary flexibility in its implementation. Human resources and communication between different actors are core components of a continuity plan.
3. Multiple sources of information were available during the pandemic. As to facilitate most of the efficient response instruments to face the pandemic, a unique source of information available for all sectors shall be set up to ensure compliance to measures.
4. Despite the fact that the 2009 pandemic has been moderate, and the business continuity plan did, for most of them, not be activated, there is a necessity to keep mobilization as to avoid a loss of momentum in preparedness

Outcome Workshop Spain on multisectoral issues

Following the workshop on multisectoral issues organized by the Spanish Presidency on the 29th and 30th of April 2010, and the presentation of its conclusions, the Assembly concluded that:

1. There are currently many potential discrepancies in methodology, taxonomy ... among the different actors, which hinders the good functioning of the response to a pandemic.
2. Due to a lack of communication between different actors, a lack of knowledge undermines the preparedness and the resilience in various sectors. The European dimension could be used to fill this gap by sharing information and best practices.
3. The question of who coordinates the actions of the different sectors is not yet solved. However, health should be the engine because of high its motivation and expectation.

Breakout session 3: Communication

Introductory session

In recent times, the communication landscape has evolved from the classical 20th century broadcast era. These days the main influencers and communicators are residing online. With the introduction of web 2.0, information can now be spread quicker than before, reaching a bigger mass than previously possible. Furthermore, web 2.0 allows anyone to have an opinion and to express this in an unfiltered way to the online community.

With the recent H1N1 pandemic, this was the first health crisis for which social media was used by the general public to seek information and voice their opinions on vaccinations, the spread of the pandemic and what was being done in their country to combat the pandemic. This new communication channel therefore made it even more difficult for health communicators and political institutions to monitor and control what was being said.

The HSC Communicators Network played a key role in bringing together the member states. During the pandemic, it sought to share the communication challenges the members were facing, whilst providing support and advice.

Surveys among the members showed that many had difficulties identifying and working with stakeholders and the media at a national level. The opportunity of using stakeholders to communicate to the target groups was not always used. However, those that worked with stakeholders and media had more success in providing target groups with the correct information.

Crisis communication structures

1. The communication framework between the Member States and the Commission was in place prior to the pandemic due to the establishment of the Health Security Committee Communicators Network. However, during the crisis, the structures could only be built reactively. In future, sustainable structures need to be built up systematically.
 - a) When HSC are making their decisions on future policies, they should take into account the communication factors which can be obtained through collecting feedback and insight from HSC Communicators Network.
 - b) Audio conference calls were the main communication tool to exchange information between the network. Existing tools need to be improved and adapted (such as Hedis and MediSys).

Developing communication strategies

1. Whilst the ‘at risk’ groups were identified, there was not an overall pan-European strategic approach of how to reach and communicate with them. Social media was not used by most public authorities as a communication tool. This was a missed opportunity for reaching and influencing a large and ever-growing audience.
 - a) Conduct comprehensive target group analyses including their media use, consumer behavior, the multipliers they trust and find credible.
 - b) Develop key messages that are tailored and personalized to the respective target groups.
 - c) Identify the best and most credible “source” for delivering messages.

Tracking, polling and tools

1. Polls and surveys are an essential tool for understanding the perceptions and behaviours of our citizens in a health crisis. When repeated regularly, these

methods allow us to monitor changes in behavior and therefore, evaluate whether we are getting across the right messages to the right target groups.

2. A plan for conducting polls/survey must be established in advance of a crisis. Social scientists and polling experts should be brought in early on, so that polls/surveys can be launched immediately in case of a crisis.
3. Results of polls/surveys should be analysed quickly to identify public reactions to pandemics and, if necessary, to adapt our messages/communication strategy.
4. Polling methods, models and results should be shared across countries as a source of information and exchange of best practice.

Stakeholders

1. Identifying and establishing a relationship with stakeholders before a pandemic occurs is essential. They should also be involved in the pandemic preparedness.
2. Establishing real partnerships with open dialogue, trust and transparency, creates win-win situations.
3. We need to identify and make use of the communication channels that the stakeholders can provide to reach the target groups in future.
4. Feedback from the target groups can be obtained via stakeholders.
5. Information to stakeholder groups should come from reliable sources they know and trust.

Social media (Web 2.0)

1. The use of social media is growing rapidly. The trend is set to continue and it cannot be ignored or left out of any communication plan.
2. Social media will offer new opportunities and value to reach specific target groups, influence through “viral networks” and monitor and analyse activity to spot early warning signs, alerts and trends.
3. Social media is user led and a two way form of communication. Institutions need to communicate ‘with’ and not ‘to’ the public and response must be rapid.
4. Key messages should be adapted in relation to what is being said online

5. In several countries bloggers have taken over the role of journalists. Communicators must not underestimate the power and influence they have when reaching the general public. Key bloggers should therefore be identified to work with for future crises.
6. “New” media has different rules to “old” media: communication is horizontal and complete control over dialogue is impossible. These factors have to be reconciled with the hierarchical structure of public bodies – management must “buy in” to this method of communication.

Sustained communication is necessary with social media and the need for extra resources and real experts in the field must be taken into account by human resources.

The Media

1. The media environment has changed and strategies need to be adapted to the current reality.
2. Journalists are under pressure to react quickly. They need experts and government representatives to be constantly available and accessible. Otherwise, they go elsewhere.
3. Establish trusting relationship before a crisis begins to better ensure good working relationships during a crisis. If they know you before, they will work with you during.
4. Prepare and groom a core group of experts who should be available to answer journalists questions at all times.
5. The mass media are not necessarily health or medical specialists, so complex scientific information must be communicated in a clear and understandable way.
6. For medical information, scientific experts are a more trusted source than politicians.
7. Throughout a crisis, public authorities must have open and transparent communications with the media to build trust and credibility. Public authorities must say whether they are able, or not, to respond a question.

Breakout session 4: Medical Measures

This session dedicated to medical measures during the pandemic was divided into 3 different modules: *regulatory procedure and development of vaccination strategies; implementation of vaccine strategies and antivirals.*

Regulatory procedure and development of vaccination strategies

The participants of the first module have brought forward these following points:

1. There is a need to review the purchasing procedures. Indeed, it is necessary that the quantities ordered match with the quantities needed. There is thus a danger to link the purchase agreement to WHO pandemic phase
2. The early availability of vaccines is an essential feature in a pandemic. In order to speed up the decision making process, early access to information is needed, therefore protocols for mock-up clinical trials, as well as for an ethical protocol would accelerate the availability of vaccines. By the same token, early epidemiological information on risk groups would help setting the priorities for clinical trials.
3. Studies should be funded independently from the pharmaceutical companies on vaccines and vaccination coverage through electronic vaccination registries. During this pandemic, the information gathering has been too dependent of the pharmaceutical industry.
4. The role and the partnership between the European Medical Agency (EMA), the European Centre for Disease Prevention and Control (ECDC), the national regulatory authorities, national public health authorities and the World Health Organisation (WHO) should be better defined.

Implementation of vaccine strategies

The discussion on implementation of vaccine strategies has produced the following area of reflection:

1. In the EU, countries have faced a common challenge but have taken different decisions. There is a need for a common understanding on key objectives for vaccination when it comes to protect the groups at risk and to maintain health services.
2. It is essential to provide the healthcare workers with good information as well as to involve them into the development of the vaccination strategy.
3. In order to ensure an equitable access of the vaccines at a lower price – through a higher leverage in negotiation – in Europe, joint vaccine procurement should be developed. The strategy of procurement should also be reviewed in order to introduce more flexibility in order to be able to adjust the quantities to the real needs.
4. The European pandemic preparedness plan must be revised in the light of the lessons learnt from the influenza A(H1N1)2009 pandemic, in order to improve its efficiency.

Antivirals

At the end of the module dedicated to antivirals, several conclusions were drawn:

1. The use of antivirals differs between countries. Some have opted for a restricted use of the antivirals as some others have given them to everyone with symptoms. The distribution of antivirals has evolved with the situation, which shows that flexibility is essential.
2. Experience in the different countries has shown the importance of the clinical back-up. Furthermore, the general practitioners must be able to concentrate on their normal job.
3. In order to facilitate the supply of antivirals in each country at a lower cost and in sufficient quantities, joint procurement should be preferred.
4. In the distribution of antivirals to the population, it is essential to treat infected persons as early as possible (as to avoid post-exposure prophylaxis), even though virus resistance will inevitably develop. It is also essential to investigate the development of the virus resistance.